

For your



Commonwealth of Massachusetts
Group Insurance Commission

Your
Benefits
Connection

BENEFIT

Published by the GROUP INSURANCE COMMISSION for active and retired employees of the Commonwealth of Massachusetts and participating communities

Deval Patrick, Governor

Thomas A. Shields, Chair

Dolores L. Mitchell, Executive Director

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GROUP INSURANCE COMMISSION

*Providing State and Participating
Community Employees, Retirees,
and Their Dependents with Access
to Quality Care at
Reasonable Costs*

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Website Changes

The state is launching a new website during October. As a result of this migration, the look and navigation of the GIC's website will change.

The GIC's website address
will remain the same:

www.mass.gov/gic

Fiscal Year 2012 Budget Includes Expedited Entry for Municipalities into the GIC

To help communities across the Commonwealth with soaring health care costs, and to ensure that union members continue to have a say in their benefits, the Legislature passed and Governor Deval Patrick signed legislation that expedites entry for municipalities into the GIC as part of the Fiscal Year 2012 budget. The Municipal Health Reform legislation, Chapter 69 of the Acts of 2011, allows municipalities to make plan design changes locally or to transfer their employees and retirees into the GIC for coverage after a 30-day negotiation period with unions and a retiree representative.

Under the legislation, a city council and mayor/manager or the board of selectman and other political subdivisions can notify the municipality's Public Employee Committee (PEC) of its intent to make plan design changes or to join the GIC. The plan design changes can include copay and deductible changes and tiered networks up to those that match the GIC's largest plans (Tufts Health Plan Navigator for employees and non-Medicare retirees and UniCare State Indemnity Plan/Medicare Extension for Medicare retirees). The public authority must enumerate the proposed benefit changes, an estimate of the anticipated savings to the municipality for the first 12 months of the implementation, and a proposal to mitigate out-of-pocket costs for certain subscribers, with up to twenty-five percent of the savings shared with subscribers.

The PEC and municipality have 30 days from the receipt of the notice by the public authority to negotiate the changes and savings mitigation proposal. If a written agreement to implement the changes is not reached within the 30 days, the information is submitted to a panel comprised of an authority appointee, a PEC appointee, and one member designated by the Secretary of Administration and Finance. The panel has 10 days to reach a final and binding decision. The law allows municipality entry dates into the GIC of January 1, 2012, April 1, 2012, and July 1, 2012.

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Maximize Your Mental Health and Substance Abuse Benefits

Tips for UniCare State Indemnity Plan and Tufts Health Plan Navigator Members

Members of all of the UniCare State Indemnity plans and Tufts Health Plan Navigator and Spirit plans have their mental health and substance abuse benefits through United Behavioral Health (also known as OptumHealth or UBH). The GIC's other health plans use other mental health plan networks, including Harvard Pilgrim Health Plan, which also uses UBH, but under its own contract. When you or a covered family member need help for depression, stress, anxiety, substance abuse or another mental health service, using a UBH network provider helps you maximize your benefits and provides peace of mind. UBH providers go through a rigorous credentialing process, so you will know you have a top quality provider. Using one of these providers also significantly reduces your out-of-pocket expenses. (Tufts Health Plan Spirit members do not have out-of-network benefits and only receive benefits for in-network coverage.)

Network clinicians offer the following quality advantages:

- ❖ *Rigorous selection and credentialing:* Each clinician and inpatient facility must meet UBH's high standards for participation.
- ❖ *Ongoing review:* Clinicians and facilities are reassessed periodically through site and chart audits.
- ❖ *Outcomes monitoring:* Clinicians work with UBH's team to monitor clinical outcomes of care to be sure members are getting the best treatment in the most appropriate setting.
- ❖ *Clinician matching:* UBH works with members to find clinicians who best meet individual clinical, cultural and geographic needs.

"Every member's mental health and substance abuse needs are unique," said David Nefussy, UBH's Director of Provider Relations. "With a network provider, the member is assured that the clinician's education and licensing has been verified and that the clinician's training, background and expertise best addresses the member's unique problem."

Members save money when they use participating providers. Here are savings examples for a Tufts Health Plan Navigator member.

Savings Examples In-Network vs. Out-of-network <i>These illustrations do not take into account any calendar year deductible costs and actual costs and utilization will vary from the assumptions listed</i>		
Tufts Health Plan Navigator member	In-network provider - member pays	Out-of-network provider - member pays
Outpatient care – 8 visits – total cost of \$1,000	\$160	\$200
Acute Inpatient Care – 7 days - total cost of \$7,000	\$200	\$1,400
Residential treatment for substance abuse – 10 days – total cost of \$5,000	\$200	\$1,000

UniCare State Indemnity Plan members' savings for using network providers are similar, but copays and deductibles vary slightly by plan. Tufts Health Plan Spirit members do not have out-of-network benefits.

"It's usually in the member's best interest – both from a coordination, quality of care and financial standpoint – to use network providers and we will work with the member to find the best provider for their needs," said Mr. Nefussy.

To find a provider, call UBH at 1-888-610-9039. Or, visit www.liveandworkwell.com and enter access code 10910. The website has many provider search options including searching within a certain number of miles of a city or zip code, by clinician name, the type of clinician (e.g., psychologist), gender, ethnicity, areas of expertise (e.g., post traumatic stress syndrome, etc.), language spoken, and location features, such as evening appointments and public transportation access.

EPO, PPO, HMO: The Alphabet Soup That Tells You How Your Health Plan Works

Health care lingo can be an alphabet soup of terminology. There is one set of terms that it is important to be familiar with so you know how your plan works – your health plan’s type. Knowing the mechanics of your plan will help you navigate the complexities of health plan benefits and avoid unexpected and costly out-of-pocket charges.

HMO (Health Maintenance Organization):

If you are in an HMO, you *must* use network providers – doctors, hospitals and other health care providers – that participate in the plan. The only exception is for emergency care. An HMO requires the selection of a Primary Care Physician (PCP) to manage your care. Referrals are usually needed from your PCP to see a specialist, who must also be in the network. The GIC’s HMOs include Fallon Community Health Plan Direct Care and Select Care, Harvard Pilgrim Primary Choice Plan, Health New England, Neighborhood Health Plan, and the following Medicare Plans: Fallon Senior Plan, Health New England MedPlus, Tufts Health Plan Medicare Complement and Tufts Health Plan Medicare Preferred.

EPO (Exclusive Provider Organization):

Similar to an HMO, with an EPO you *must* use network providers – doctors, hospitals and other health care providers – that participate in the plan. The only exception is for emergency care. Unlike an HMO, you do not need to select a Primary Care Physician, nor do you need to contact your PCP for referrals to specialists. However, because you are responsible for choosing specialists and hospitals, it is especially important to check with the plan by phone or their website to be sure the provider is in the network. The GIC’s EPO is Tufts Health Plan Spirit.

PPO (Preferred Provider Organization):

With a PPO, you receive more comprehensive benefits by using network providers – doctors, hospitals and other health care providers – that participate in the plan. You have the option of using non-network providers, but with a lower level of benefits and higher out-of-pocket costs. Because PPOs usually have broader networks, they are generally more expensive – have higher premiums – than HMOs and EPOs. With a PPO, you do not need to select a Primary Care Physician. The GIC’s PPO-type plans include the Harvard Pilgrim Independence Plan, Tufts Health Plan Navigator, UniCare State Indemnity Plan/Community Choice and UniCare State Indemnity Plan/PLUS.

Indemnity Plans:

The GIC also offers Indemnity Plans – UniCare State Indemnity Plan/Basic for employees and non-Medicare enrollees and UniCare State Indemnity Plan/Medicare Extension (OME) and Harvard Pilgrim Medicare Enhance for Medicare members. These plans offer access to any licensed doctor or hospital. Make sure that your provider accepts Medicare. In large part because of the broad access, the UniCare State Indemnity Plan/Basic is the most expensive GIC health plan option. Outside of Massachusetts, providers may “balance bill” you for charges above the plan’s allowed amount. If you are a UniCare Basic member and use non-Massachusetts providers, be sure to contact UniCare so that they can provide you with their list of participating national providers that accept their payment in full.

The bottom line – be sure you know your health plan’s type to maximize your benefits and reduce unexpected and costly out-of-pocket costs. With some plans, if you do not use participating providers for non-emergency care, you will have no coverage and in most instances will be responsible for a very expensive hospital and/or doctor bill.



Facility Charges – How to Help Avoid These Unexpected Costs

If you visit a doctor at a hospital-based office, be aware that hospitals sometimes charge a facility charge in addition to the physician, x-ray and laboratory charges. These charges can range from \$25 to hundreds of dollars per visit.

Physicians that practice in free-standing non-hospital-based settings usually include these overhead costs into a single office visit bill. And sometimes, even though you are seeing a doctor in a hospital-based office, the hospital will not charge this fee. The practice depends on the hospital's ownership structure, choice of approach and contracts with insurers. In part because of lawsuits and new laws in some states about transparency of these fees, more providers are prominently displaying signs in their offices if they charge a facility fee.

Alan Sager, a professor of health policy and management at the Boston University School of Public Health said in a recent *Wall Street Journal* that facility charges "are the latest gimmick to generate additional revenue for hospitals." On the other hand, hospitals that charge these fees say they are necessary to offset overhead, including higher staffing, equipment, and utility costs.

The GIC is working with our health plans to try to eliminate this practice, but until this practice ceases, members sometimes are responsible for paying facility charges, often as part of a calendar year deductible charge. Here are some steps you can take to help avoid these charges:

- ❖ When you visit your doctor, ask if you will be getting a separate bill from the hospital. If the doctor's office says you will, let the staff or doctor know that you are not happy about the additional charge. If providers hear from members that they are not pleased about these charges, they may be able to reduce or eliminate them.
- ❖ Ask your doctor whether he or she practices at a non-hospital based setting where there would not be a facility charge. Consider booking your visits at these alternate locations.
- ❖ Review the Explanation of Benefit (EOB) you will receive from your health plan if a service is subject to a deductible to see if the deductible charge was the result of a hospital facility charge. If you are not sure, contact your health plan. If you receive a bill from a hospital for this charge, call the hospital and express your concerns about the charge. Sometimes hospitals will respond to these complaints.



Fiscal Year 2012 Budget Includes Expedited Entry for Municipalities into the GIC continued from page 1

The Executive Office of Administration and Finance and the GIC have each issued emergency regulations outlining the administrative process of the negotiations and entry into the GIC. These regulations are available on the agencies' respective websites (www.mass.gov/anf and www.mass.gov/gic).

High health care costs and their alarming growth continue to crowd out other expenditures on the national and state level. Municipal Health Reform, which also requires most municipal Medicare-eligible retirees to enroll in Medicare and to join a Medicare supplemental plan, is

just one example of legislation aimed at helping contain these costs. (The mandatory Medicare requirement has been law for state retirees since 1991 under Chapter 32A Section 18, but municipalities did not have the same requirement until now.) The Patrick-Murray Administration is also working on other initiatives to maintain health care quality and contain costs, such as payment reform. The GIC is participating in these initiatives and also working on health policy on the national level. We will keep members apprised as the health care landscape continues to evolve.

Keep in Mind...

Q) I am a state/municipal employee/retiree who may be getting divorced or legally separated. What do I need to do?

A) You must notify the GIC when you are legally separated or divorced by sending the GIC a letter with your name, GIC identification number (usually it is your Social Security Number), address, signature, and your divorced or legally separated spouse's name and last known home address. You must also send a copy of the following sections of your legal separation agreement or divorce agreement as the case may be: page with the "absolute" date (the date your divorce or legal separation became final), the health insurance provisions, and signature pages. The GIC will send you and your former spouse information about continuing coverage.

Q) As a divorced employee/retiree who is remarrying, what do I need to do?

A) You must notify the GIC in writing that you have remarried, and send a copy of your new marriage certificate, GIC ID number (usually it is your Social Security Number), and your former spouse's last known home address. If you have not already done so, please include the following sections of your divorce agreement: page with the 'divorce absolute' date (the date divorce became final), health insurance provisions, and signature pages. Also provide your new spouse's name, date of birth, and Social Security Number.

If your former spouse is remarrying, you must notify the GIC of this remarriage as well. **If you fail to report a legal separation, divorce or remarriage, your health plan and the GIC have the right to seek recovery of health claims paid or premiums owed for your former spouse.**

Q) How do I change my address?

A) It's important to keep your address up to date with both the GIC *and* the post office so that you receive important information about your benefits. Be aware that if you do not let both the GIC and the post office know of your address change, the address the GIC has on file for you could be replaced by the address the post office has on record, as required by U.S. Postal Service regulations. Additionally, any address changes you give to your health plan may be overwritten by the GIC's records. To process an address change, take the following steps:

- ❖ Employees and Retirees – visit your local post office, or go to the U.S. Postal Service website (www.usps.com) to submit an address change.

- ❖ Employees - advise the GIC Coordinator in your benefits office of an address change; your Coordinator will give you a form to complete and return.
- ❖ Retirees - write to the GIC requesting the change. Be sure to include your name, GIC Identification Number (usually your Social Security Number), telephone number, date and signature.

Q) I am getting married; how do I add my new spouse to my GIC coverage?

A) Complete the Insurance Data Form (IDF) and include a copy of your marriage certificate. If you did not have family coverage prior to your marriage, you must also complete a GIC Insurance Enrollment and Change Form (Form-1 for state members or Form 1-MUN for municipal members) to change to family coverage. Active employees return these forms to their GIC Coordinator; retirees return them to the GIC.

If you are a same-sex married couple, be aware that separate Massachusetts and federal tax laws govern the health insurance benefits available to same sex couples. The value of the health insurance benefit to the same sex spouse is taxable income for federal purposes (imputed income) and is based on the fair market value of the benefit. Imputed income is based on 100% of the premium. If you need additional assistance determining whether or not it makes economic sense to add your same-sex spouse, contact a professional tax or financial advisor.

Q) My full-time student goes to school outside of our health plan's service area. May we remain in our current health plan?

A) You may remain in your current health plan for as long as your dependent is a full-time student and enrolled in GIC coverage as a full-time student. However, if your dependent under age 26 ceases to be a full-time student, complete and return the *Dependent Age 19 to 26 Enrollment Form*; the dependent must reside within the health plan's service area to be covered.

For answers to other common questions, including information on the new dependent age 19 to 26 coverage expansion under federal health care reform, see the Answers to Frequently Asked Questions section of the GIC's website: www.mass.gov/gic.



Save on Average \$250 for Every \$1,000 Contributed to a Flexible Spending Account: *Open Enrollment October 3 – November 18, 2011*

Open enrollment for the GIC's Flexible Spending Accounts (FSA) – the Health Care Spending Account and the Dependent Care Assistance Program – will soon be here. State employees who enroll in one or both of these plans, administered by Benefit Strategies, will save on state and federal taxes by enrolling in these popular plans. On average, employees save \$250 for every \$1,000 contributed to a FSA. Your savings depend on your tax bracket. The FSA Open Enrollment period will take place from Monday, October 3 through Friday, November 18, 2011, for 2012 calendar year benefits.

Health Care Spending Account (HCSA) – with this program active state employees can pay for out-of-pocket health care expenses not covered by a medical or dental plan on a pre-tax basis. Examples can include:

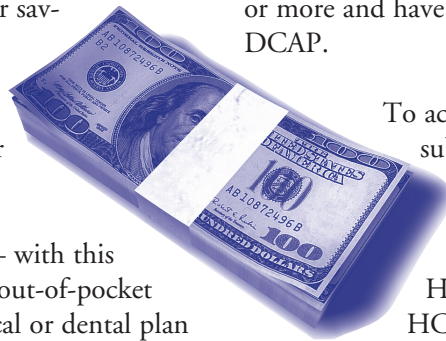
- ❖ Physician office visit and prescription drug copayments
- ❖ Medical deductibles and coinsurance
- ❖ Eyeglasses, prescription sunglasses, and contact lenses
- ❖ Orthodontia and dental benefits
- ❖ Smoking cessation and child birth classes
- ❖ Chiropractor and acupuncture visits

HCSA participants receive one free debit card from Benefit Strategies to conveniently pay for health care expenses out of their HCSA account. Additional cards are available to family members for a nominal fee. For calendar year 2012, participants can contribute \$500 to \$5,000 through payroll deduction on a pretax basis.

Dependent Care Assistance Program (DCAP) – with this option, state employees can pay for qualified dependent care expenses for a child under the age of 13 and an adult dependent – including day care, after-school programs, elder day care and day camp – on a pretax basis. You may elect an annual DCAP contribution of up to \$5,000 per household.

Eligibility, Accessing the Account, Use or Lose Provision and Administrative Fee

All active state employees who are eligible for health benefits with the GIC are eligible to enroll in HCSA. Employees must work at least 18.75 hours in a 37.5 hour work week or 20 hours in a 40-hour work week. Active state employees, including contractors, who work half-time or more and have DCAP-eligible expenses are eligible for DCAP.



To access funds from your FSA Account, simply submit a claim form with receipt to Benefit Strategies. They will mail you a check or deposit the reimbursement to your bank account if you enroll in direct deposit.

HCSA members also have the convenient HCSA debit card option described under HCSA.

It is important to estimate your annual contribution carefully as the Internal Revenue Service requires that any unused funds be forfeited after a 2 ½ month grace period (March 15, 2013 for 2012 elections). The 2012 monthly administrative fee for HCSA only, DCAP only, or HCSA and DCAP combined is \$3.60 on a pre-tax basis.

Enroll During the Fall Open Enrollment to Save in 2012

Enroll in FSA benefits during the open enrollment period to save money in 2012. For additional details, contact Benefit Strategies at 1-877-FLEXGIC (1-877-353-9442) or visit the GIC's website: www.mass.gov/gic. Enrollment forms are on the GIC's website and available through your Payroll Coordinator. Current participants – remember you must re-enroll each year. You will receive instructions mailed to your home on how to re-enroll online.

Good News: Copays and Deductibles for Most Preventive Care Services are Eliminated

If you have an annual physical scheduled, be sure to let your doctor's office know that you cannot be charged a copay as of July 1, 2011. In-network preventive care services, such as mammograms, scheduled immunizations, certain contraceptive services, and routine physicals and OB/GYN visits are no longer subject to a copay or calendar year deductible. As part of federal health care reform, copays and deductibles are waived for preventive care services to help prevent disease and promote well being. However, keep in mind that some copays may be assessed for some aspects of what may be a preventive care visit, such as lab work. For a complete list of preventive care services not subject to a copay or deductible, see your health plan handbook, which will be available on the individual plan websites and on the GIC's website: www.mass.gov/gic.

GIC BENEFIT ACCESS Health Insurance

Fallon Community Health Plan Direct Care, Select Care, Senior Plan	1-866-344-4442 www.fchp.org
Harvard Pilgrim Health Care Independence Plan, Primary Choice Plan Medicare Enhance	1-800-333-4742 www.harvardpilgrim.org/gic www.harvardpilgrim.org
Health New England HMO, MedPlus	1-800-310-2835 www.hne.com
NHP Care (<i>Neighborhood Health Plan</i>)	1-800-462-5449 www.nhp.org
Tufts Health Plan Navigator, Spirit Mental Health/Substance Abuse and EAP (<i>United Behavioral Health</i>)	1-800-870-9488 www.tuftshealthplan.com/gic 1-888-610-9039 www.liveandworkwell.com (access code: 10910)
Medicare Complement, Medicare Preferred	1-888-333-0880 www.tuftshealthplan.com
UniCare State Indemnity Plan Basic, Community Choice, Medicare Extension (OME), & PLUS Prescription Drugs (<i>CVS Caremark</i>)	1-800-442-9300 www.unicarestatplan.com 1-877-876.7214 www.caremark.com
Mental Health/Substance Abuse and EAP (<i>United Behavioral Health</i>)	1-888-610-9039 www.liveandworkwell.com (access code: 10910)

Questions

Group Insurance Commission TDD/TTY Access	1-617-727-2310 1-617-227-8583 www.mass.gov/gic
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Other Benefits for State Enrollees



Life Insurance and AD&D (<i>The Hartford</i>)	Call the GIC 1-617-727-2310, ext. 1 www.mass.gov/gic
Long Term Disability (LTD) (<i>Unum</i>)	1-877-226-8620 www.mass.gov/gic
Health Care Spending Account (HCSA) & Dependent Care Assistance Program (DCAP) (<i>Benefit Strategies</i>)	1-877-353-9442 www.mass.gov/gic
GIC Retiree Vision Discount Plan (<i>Davis Vision</i>)	1-800-783-3594 www.davisvision.com
GIC Retiree Dental Plan (<i>MetLife</i>)	1-866-292-9990 www.metlife.com/gic
Dental Benefits for Managers, Legislators, Legislative staff and Executive Office staff (<i>MetLife</i>)	1-866-292-9990 www.metlife.com/gic
Vision Benefits for Managers, Legislators, Legislative staff and Executive Office staff (<i>Davis Vision</i>)	1-800-650-2466 www.davisvision.com

Other Resources

Employee Assistance Program (EAP) for Managers and Supervisors (<i>United Behavioral Health</i>)	1-888-610-9039 www.liveandworkwell.com (access code: 10910)
Massachusetts Teachers' Retirement System	1-617-679-6877 (Eastern MA) 1-413-784-1711 (Western MA) www.mass.gov/rmtrs
Medicare (<i>Federal Program</i>)	1-800-633-4227 www.medicare.gov
Social Security Administration (<i>Federal Program</i>)	1-800-772-1213 www.ssa.gov
State Board of Retirement	1-617-367-7770 www.mass.gov/retirement

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Cindy McGrath, Editor

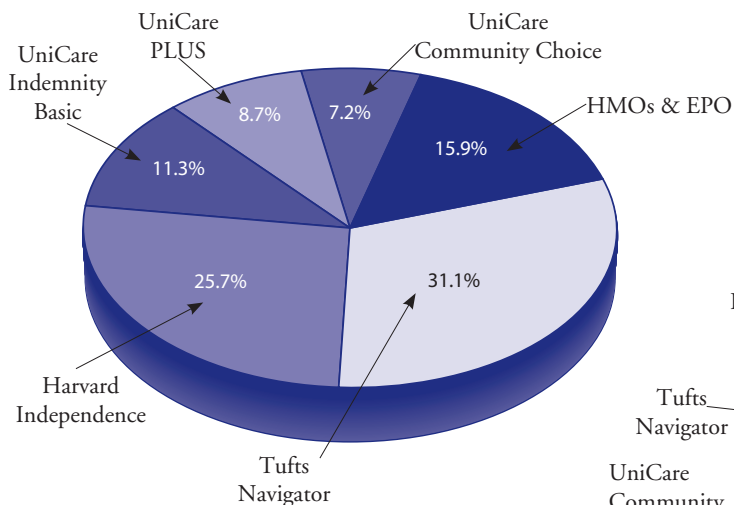
*Providing Massachusetts State and Participating Community Employees,
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Inside...

- Fiscal Year 2012 Budget Includes Expedited Entry for Municipalities into the GIC
- Facility Charges - How to Help Avoid These Unexpected Costs
- Flexible Spending Account Open Enrollment October 3 - November 18, 2011

GIC Health Plan Enrollment as of June 30, 2011

Active Employees by Plan Type



Retirees and Survivors by Plan Type

